

Name In Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~

Husband

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Married~~

Single

~~Widow~~~~Widower~~~~Divorced~~

Number of children living

MARYLAND

Mother's

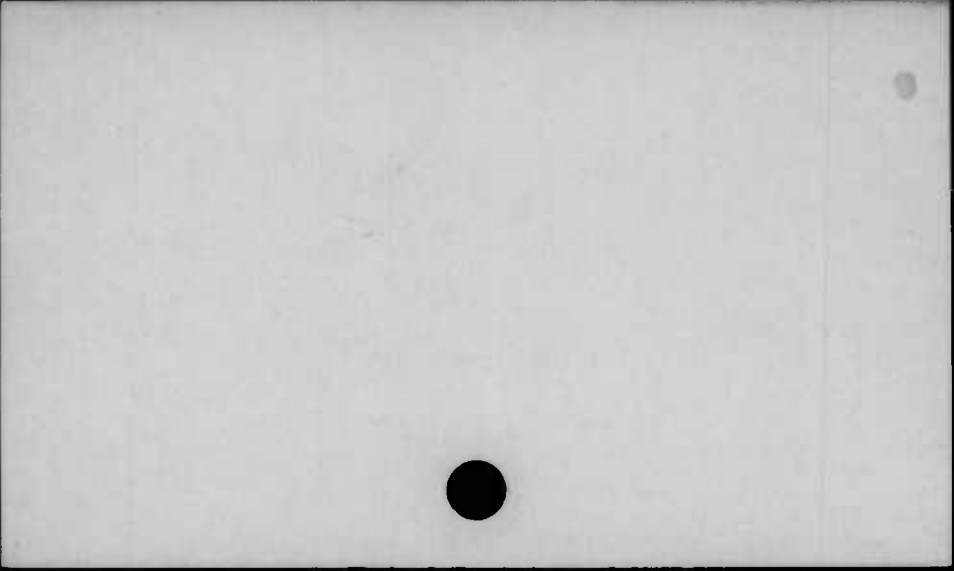
Maiden Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide



Julia Long Forsythe
 Town Friendsville County Garrett MARYLAND

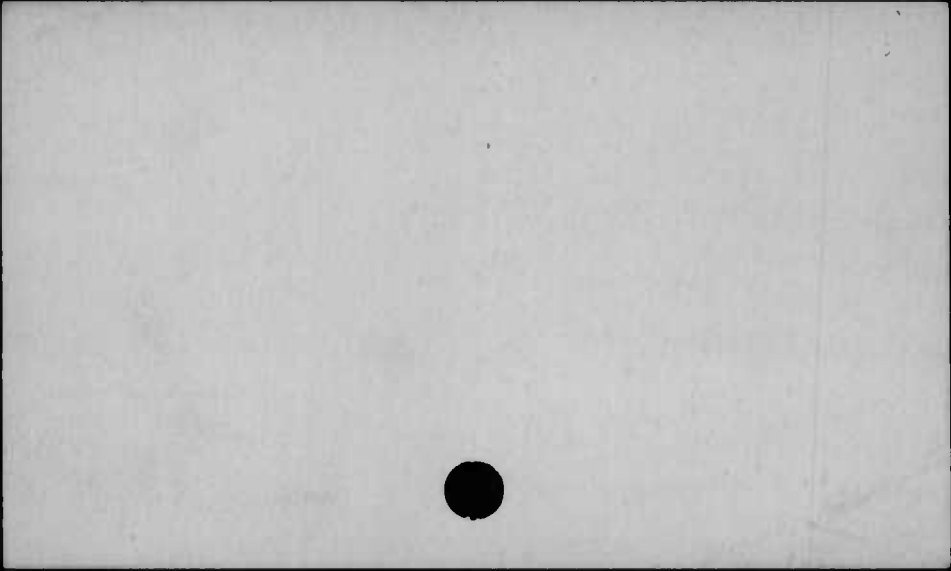
Died at
 Date 1902 4 13 Age 86.7-15 Native of Pa. Occupation Housewife
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 0

Husband of Gabriel Forsythe
 Wife
 Father's Name Mother's Name
 Maiden Name

Cause of Death { Primary Old age
 Immediate " " }
 How long sick 8 days
 Accident, Suicide, Homicide

Reported by M E Frazee Undertaker
 Address Friendsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Joseph Friend

Town

County

Died at

Friendsville

Garrett

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

4

23

Age

42

Md

Laborer

Male

White

Married

Widow

~~Single~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

3

Husband

of

Mary M Lewis

Father's

Mother's

Name

Wm E Friend

Maiden Name

79

Cause of

Primary

Cardiac dropsy

How long sick

Year

Death

Immediate

11

1

Accident, Suicide, Homicide

Reported by

A. Mason

Md.

Address

Friendsville



Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



X *Henry*

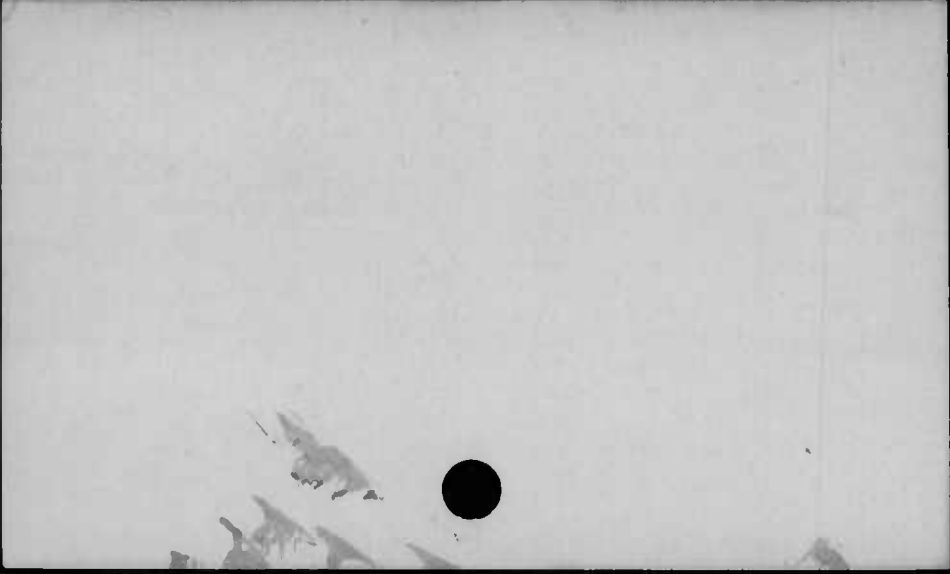
Town *Swanton* County *Germantown* MARYLAND
 Died at *Swanton* *Germantown*
 Date 1902 *April* *9* Age *28* *Y.* *M.* *D.* Native of *Ind* Occupation *Housewife*
Male White Married Widow Divorced
Female Colored Single Widower Number of children living *2*

Husband of *Rosa Henry*
 Wife *Smith*
 Father's Name *Smith* Mother's Maiden Name *—*

Cause of Death { Primary *Consumption* 27 How long sick *1 year*
 Immediate *27* Acc. ~~Int.~~ Suicide. Homicide.

Reported by *Lucil Mason* *Swanton*
 Address *Swanton*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John S. Murphy ~~X~~
 Town County
 Died at Floyd Garrett MARYLAND

Date 1902 Month 4 Day 11 Age 24 Y. 2 M. - D. - Native of Md. Occupation Farmer
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
 of
 Wife

Father's Name John Murphy Sr. Mother's Name Ann O. Haver
 Cause of Death { Primary By a falling tree
 Immediate
 How long sick Found about 2 hrs
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



George Truckel
 Town *Baltimore* County *Garrett*

MARYLAND

Died at *Baltimore* *Garrett*
 Date 19 *02* April *11* | Age *74* *11* *9* | Native of _____ | Occupation *Fanner*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Number of children living *2*

Husband of _____

Wife

Father's

Name

Mother's
 Maiden Name _____

Cause of Death { Primary *Dropay* | How long sick *2 years*
 Immediate *Cardiac Hypertrophy* | ~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 19

Male

~~Female~~

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Meigs Schaffer
John H. Schaffer Farm County *Garrett*
John H. Schaffer *Bellevue*

MARYLAND

Month Day

Y. M. D.

Name of

Occupation

Age

- 10 -

~~Married~~~~Widow~~~~Divorce~~

Single

~~Widower~~

Number of children living

Mother's

Maiden Name

Primary

Immediate

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU, 75808



Henry Schaeffer
 Died *Gen Oorland* Town *Gen Oorland* County *York* MARYLAND
 Date 1902 *Apr. 4* Month *Apr.* Day *4* Y. *84* Age *84* M. *Y* Native of *Germany* Occupation *Farmer*
 Male *Female* White *Colored* Married *Single* Widow *Widower* Divorced *Number of children living 3*

Husband of

Wife

Father's
 Name

Mother's

Maiden Name

Cause of Death { Primary *Pneumonia* Immediate
 How long sick *93*
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Charles Schlossnager

Town

County

Died at

Marquette, Marquette

MARYLAND

Date 1902 April 23 | Age 90 11 | Native of Germany | Occupation Farmer

Male | White | Married | ~~Widow~~ | ~~Divorced~~ | ~~Widower~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | Number of children living 3

Husband of _____

Wife

Father's Name _____

Mother's

Maiden Name

SK

Cause of Death { Primary Smiley

Immediate Anasapha

How long sick 2 years

Accident, Suicide, Homicide

Reported by

Address

R. A. Harmsworth

accident - no

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

